



•605 Sherron Road•Durham, NC 27703•919-596-1252•

•www.groveparkchapel.com•

GPCP Parent Morning Out (PMO)

Child's Full Name: _____ Name called (if different): _____

Address: _____

Birth date: _____ Home phone: _____

Parents/Guardians:

Mother's name: _____ Father's name: _____

Mother's cell phone: _____ Father's cell phone: _____

Mother's work place: _____ Father's work place: _____

Mother's work phone: _____ Father's work phone: _____

Mother's e-mail: _____ Father's e-mail: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Physician:

Name: _____ Clinic: _____

Phone: _____ Hospital Preference: _____

Persons Authorized to Pick Up Your Child:

(If you cannot pick up your child, please give the name(s) of persons to whom your child can be released.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Contacts: (If the parents cannot be reached)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Does your child have any known allergies such as food, medications, animals, etc.? _____

If yes, explain: _____

Has your child had chicken pox? _____ Vaccination? _____ When? _____

What information could you give us that would help your child to be more comfortable in our program (such as: playing habits, fears, likes or dislikes): _____

Where does your family attend church? _____

Explain/List your family's involvement in your Church's activities:

In signing this application, I/we acknowledge my/our commitment to:

- 1. Support the Christian philosophy of education as taught at GPCP**
- 2. Attend parent meetings and lend support to the program**
- 3. Volunteer time, talent and treasure as able when requested**
- 4. Pay tuition when due or make financial arrangements through the Director**

I have read the Preschool Registration information letter and the Parent/Student Handbook, and I understand the nature of the program and my responsibilities as a part of GPCP. I agree to follow the guidelines set forth and any additional guidelines that may develop as this program evolves. I have attached the NONREFUNDABLE REGISTRATION FEE of \$75.00 for all PMO students.

Parent Signature: _____ Date: _____